

Application for RENEWAL of Family Child Care License or Residential Certificate

Note: It may take up to 60 days to process your **completed** application, or 90 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items listed below in Section C have been received by the Bureau.

Mark which one you are applying for: ☐ License Renewal ☐ Residential Certificate (RC) Renewal

SECTION A. IDENTIFYING INFORMATION:

Applicant Name: _____ Phone #: (____) _____

Program Name: _____ Cell #: (____) _____

(Complete Program Name only if your child care program has a name, in addition to your own name.)

Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Interpreter's Name (if applicable): _____ Phone: (____) _____

Food Program Sponsor (if applicable): _____ Phone: (____) _____

of **unrelated** children you currently care for: _____

(The Bureau does not regulate providers who only care for related children.)

SECTION B. HOUSEHOLD MEMBERS, EMPLOYEES, & VOLUNTEERS

You must complete the following information for every person living in your home, including yourself. Copy and use additional pages if needed to include everyone.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

SECTION C. DOCUMENTS REQUIRED:

You must include all of the following documents when you submit your application:

- _____ This application form, completely filled out, signed, and dated.
- _____ \$25.00 renewal application fee.
- _____ Completed "Request for Annual Renewal of CBS/MIS Criminal History Information" form.
- _____ Completed "Consent & Disclosure Statement for CBS/MIS Background Screening" form.
- _____ Copy of a current Local Health Department kitchen inspection. This is required **every other year** beginning with your initial license/certificate date.

SECTION D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a decision to renew my child care license or certificate will be based. I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the home, property, and premises without a warrant at any reasonable time.
2. Review child care documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that, based on my best information and belief, that neither myself, any employee or volunteer in my child care program, or any individual residing in my home has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

_____/_____/_____
Signature of Applicant Date

Mail completed application, fees, and all required application documents to:

Bureau of Child Care Licensing, South Region
150 East Center Street, Suite 3200
Provo, Utah 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1186